

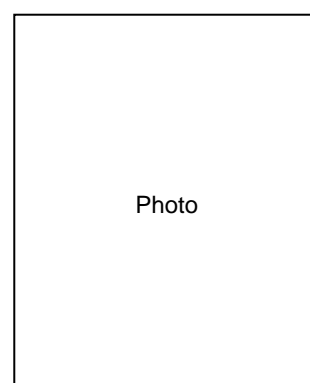
STUDENT APPLICATION FORM

FOR SCHOOL USE ONLY			
Date Received		Application Fee Paid	
Interview Date		Date of Diagnostic Test	
Grade to Attend		Handled by	

APPLICATION CHECKLIST

To begin the application process, please submit the following items:

- A signed and completed application form
 - A photograph attached to this form
 - A copy of the birth certificate of your child
 - A copy of the HKID or passport of your child
 - A copy of the HKID and passport of both parents
 - A copy of the school reports of your child from previous and current academic years
 - A copy of the medical or assessment report of your child, if applicable
 - A copy of bank deposit/bank transfer slip for the payment of application fee HK\$_____
- (Please contact the Academy for the amount of application fee)



Please indicate the academic year to apply:
 2023/24
 2024/25
 2025/26
 2026/27
 2027/28

STUDENT INFORMATION

Last Name:	First Name:	
Middle Name:	Preferred Name:	
Name in Chinese: <small>(if applicable)</small>	Male/Female	
Date of Birth: <small>(mm/dd/yyyy)</small>	Age:	
Place of Birth:	Nationality:	
HKID No.:	Passport No.: <small>(if applicable)</small>	
First Language:	Other Spoken Language(s):	
Religion: <small>(if applicable)</small>	Church: <small>(if applicable)</small>	
Residential Address: <small>(in English)</small>		
Residential Address: <small>(in Chinese)</small>		
Home Telephone No.:	Home Fax No.:	
Emergency Contact Person:	Relationship with Student:	Emergency Contact No.:
Does the applicant live with both parents? (If no, please explain and state with whom he/she lives.)		

EDUCATION INFORMATION

From/To <small>(In Chronological Order)</small>	Kindergarten/Elementary School	City	Grade Attended	Language of Instruction
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is the applicant attending school now? (If no, please explain.)

Has the applicant repeated any grade? (If yes, please specify.)

EXTRA-CURRICULAR ACTIVITIES, INTERESTS AND ACHIEVEMENTS

MEDICAL AND OTHER NEEDS

Does the applicant have any health or physical concerns? (If yes, please specify.)

Does the applicant need any prescribed medication? (If yes, please specify.)

Has the applicant ever undergone any evaluation for developmental learning or behavioral issues? (If yes, please specify.)

Does the applicant require any individual needs? (If yes, please specify.)

Please inform us of anything that may affect your child (e.g. death of one parent, separation, divorce, adoption, etc.) or any additional information or special circumstances that you would like to share with us.

FAMILY INFORMATION

Father/Guardian 1		Mother/Guardian 2	
Name in English: (Last Name, First Name)		Name in English: (Last Name, First Name)	
Name in Chinese: (if applicable)		Name in Chinese: (if applicable)	
HKID/Passport No.:		HKID/Passport No.:	
Nationality:	Place of Birth:	Nationality:	Place of Birth:
Religion:	Church: (if applicable)	Religion:	Church: (if applicable)
Occupation:		Occupation:	
Employer:		Employer:	
Business Address:		Business Address:	
Work Telephone:	Mobile Telephone:	Work Telephone:	Mobile Telephone:
Email Address:		Email Address:	

Name of Siblings	M/F	Age	Grade	School Attending

Language(s) spoken by your child with Father: _____ Mother: _____

Siblings: _____ Caretaker: _____

ADDITIONAL INFORMATION

Grace Christian Academy believes that the Academy and parents together play an integral part in the education of each child. Thus, your involvement in the life of your child and education benefits your child and may contribute to the positive learning environment in the Academy. Kindly answer the questions below:

Please describe how you feel that the mission of Grace Christian Academy complements the beliefs and values of your family.

What are your expectations of the learning of your child and overall development both academically and non-academically at Grace Christian Academy?

Please describe an area of expertise or a skill you have that you would be willing to share with the Academy.

We strongly encourage parents to participate in the classroom as a Teacher's Assistant (TA) so that parents can have a better understanding of the teachings in the Academy and will be able to continue the same at home. Are you willing or available to be a TA during the academic year? If yes, how often can you participate in the classroom?

Where did you learn about the Academy? Friends Alumni Website Others _____

PARENTAL AGREEMENT

1. I understand, accept, and am supportive of the philosophy of the Academy.
2. I fully understand that Grace Christian Academy is a Christian school that my child will be taught biblical principles and that parents of other religions will be asked to respect this.
3. I agree to abide by the rules and regulations of Grace Christian Academy.
4. I am informed of the Curriculum Presentation which I will attend/have attended/did not attend (please circle as appropriate) and understand my attendance to the Curriculum Presentation is critical for me to make a well-informed decision in applying for my child to study at Grace Christian Academy.
5. I have read, understood and accepted the "Admission Procedure" before I submit the application form of my child to the Academy.
6. I understand that only completed application, including submission of an application fee and all required documents, will be considered for the processing of the application of my child.
7. I understand that the application fee is non-refundable, non-transferrable, and non-deferrable regardless of the reason for application withdrawal. I also confirm that I have applied for the appropriate academic year and understand that application fee will not be refunded for incorrect application or early application.
8. I declare that the information given in this application form is true and accurate and understand that failure to provide accurate information may result in immediate withdrawal of admission or dismissal from Grace Christian Academy.
9. I fully understand that withholding or non-disclosure of information regarding any individual needs and concerns noted by the previous schools of my child or any professionals may result in my child losing his/her position at Grace Christian Academy on the ground of incomplete information provided.
10. I understand that all information provided will be kept in the school record system with strict confidentiality and will only be used for processing my application for admission and interview.
11. I understand that the Academy has full discretion in handling the application form of my child, all submitted reports and documents in accordance with the laws and regulations of Hong Kong.
12. I fully acknowledge, understand, agree with and accept the above agreement.

Signature: _____ Relationship with Applicant: _____

Full Name: _____ Date: _____

(Last Name) (First Name) (Middle Name)

Please submit APPLICATION FORM by mail or by hand to:

Grace Christian Academy
1/F, 108 Java Road, North Point, Hong Kong
T: 2561 3900 | E: info@gca.edu.hk | www.gca.edu.hk
11:00am – 3:00pm, Monday to Friday

Please pay APPLICATION FEE by bank deposit or bank transfer to:

Shanghai Commercial Bank
Bank Account No.: 32824-26231-8
Account Name: Grace Christian Academy Limited